


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90026 044 \*\*\*150.00

<b>DOCUMENT # P05000097397</b>			
1. Entity Name <b>J &amp; F DRYWALL &amp; STUCCO, INC</b>			
Principal Place of Business <b>4001 CALOOSA LOOP LABELLE, FL 33935</b>		Mailing Address <b>4001 CALOOSA LOOP LABELLE, FL 33935</b>	
2. Principal Place of Business - No P.O. Box # <b>4001 Caloosa Loop</b>		3. Mailing Address <b>4001 Caloosa Loop</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Labelle FL</b>		City & State <b>Labelle FL</b>	
Zip <b>33935</b>		Country <b>Hendry</b>	
6. Name and Address of Current Registered Agent <b>MORELOS, FELIPE 4001 CALOOSA LOOP LABELLE, FL 33935</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, LLANETT 4001 CALOOSA LOOP LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGAS, DEBORAH R 4001 CALOOSA LOOP LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORELOS, FELIPE 4001 CALOOSA LOOP LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Felipe Morelos</i></u> President		1/16/07 883-517-1887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**50000781**



01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3123507** ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required